

Paper Renewal Data Entry

Process & Procedure Guide

Document Controls

Document Purpose

HUSKY recipients are mailed pre-filled paper renewal forms (AH3-R) towards the end of their 12-month benefit period. They can mark-up these forms with any changes and return to the State. The State's scanning contractor receives these forms and scans them into the HIX/Tier-1 system. The scanned renewal forms are attached to electronic work items.

This document provides guidance on the steps for processing these paper renewal applications in the shared HIX/Tier-1 system. Steps include updating consumer information, running eligibility determination, enrollment and documenting actions on the consumer's account.

Versioning Approach

Draft versions of this guide will be noted as V0.1. When a version is initially approved it will be promoted to V1. Whether to then use a decimal ("dot release") or a full integer release is discretionary based on the degree of change.

Intended Audience

The expected audience for this document includes:

1. DSS Management
2. DSS Cadres
3. Operational trainers
4. Operational staff as required
5. Access Health CT Staff

Version Control

Version	Date	Author(s)	Change
1.0	01/31/2017	DSS	Initial Version
1.1	11/17/2017	Jose Martinez	Updated Case Comment requirements
	03/09/2018		Accounts Already Renewed section added

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Process Overview

High Level Description

“Renewal” is the term used for both HUSKY and QHP programs to describe the process by which someone is re-enrolled for another 12-months of health coverage. QHP coverage is strictly based on a calendar year and renewals occur during the annual Open Enrollment period. Even if a QHP for a household started mid-year (e.g., due to a loss of coverage from a job) it would still end on December 31st of that year. While HUSKY coverage also typically lasts 12 months, the household coverage can start and end in any month during a year.

From an operational perspective, one of the differences between HUSKY and QHP is that a HUSKY renewal can involve the consumer returning a paper renewal form (AH3-R), whereas that channel is not directly available for QHPs. However, the data on a paper renewal form can result in a loss of HUSKY coverage and ultimately an enrollment in QHP and can result in a change in APTCs for a mixed coverage household.

This task is only concerned with the HUSKY renewal cycle and specifically the data entry of returned AH3-R forms. HUSKY consumers are typically granted 12 months of coverage. When they are within 60-days of their end-date, the renewal cycle (previously called “redetermination”) begins:

1. At 60-days before the HUSKY coverage end-date, an eligibility projection is performed for the next benefit period. Some households are marked for administrative (“passive”) renewal as their information could be electronically verified and others are marked for manual renewal.
2. The administrative renewal households are sent a (1605) notice with the basis of their determination. The manual renewal household are sent a (1305) notice with a customized and pre-filled paper renewal form (AH3-R)¹ and instructions to go online, call the call center or return the paper form. An example AH3-R form, with fictitious client data, is provided in Appendix A.

a. The data entry of client returned paper AH3-R forms is the focus of this work stream task.

¹ There are some alternative low volume notices to handle override households, technical exceptions and discontinuance households. These households are directed to apply via telephone.

3. Approximately 30 days prior to a household's last day of HUSKY coverage, those households that are tagged for manual renewals and that have yet to respond, are sent a reminder (1334) notice.
4. Approximately 15 days prior to a household's last day of HUSKY coverage, those households that are tagged for administrative renewals and that haven't chosen to contact the State with updates, are renewed for 12 months and sent a final determination (1337) notice.
5. Approximately 13 days prior to a household's last day of HUSKY coverage, those households that are tagged for manual renewals and that have yet to respond, are discontinued effective the end of the month and are sent a final determination (1337) notice.

This guide applies to paper renewal AH3-Rs submitted by consumers by mail. These are received by the State's scanning vendor and scanned into the system. The scanned documents are attached to electronic work items.

The process for processing the paper renewal forms is very similar to processing paper AH3 application forms.

Guiding Principles & Goals

Consumers who mail their renewal application will have their updated information entered into the shared HIX/Tier-1 system by an Application Processor. Their approach is to locate the consumer's account in the shared HIX/Tier-1 system and yield an eligibility determination for the following year, using the consumer's updated information. Enrollment and case comments are required by Application Processors to finalize the process.

If critical information required for eligibility determination is missing or is unclear, Application Processors will perform an outbound call in order to clarify information with the consumer. If the consumer is not reached, Application Processors may construct and send a Missing Information Notice (MIN), which will inform the consumer of the critical missing application data. This MIN is restricted to consumers who did not send the entire renewal application (i.e., it is missing pages).

Case comments are required on the consumer's account for all renewal applications.

Reconsideration Period

Consumers who lose coverage as a result of not completing the renewal process in a timely fashion can regain HUSKY coverage if they apply within three months (90 days) from the loss of coverage. This three month span is referred to as the “Reconsideration Period”.

Consumers who regain coverage during the Reconsideration Period will receive HUSKY coverage retroactive to the day coverage was lost. The consumers will not have a gap in coverage. The system will determine the correct effective coverage date automatically using their previous eligibility from the shared HIX/Tier-1 system.

Consumers who wait until after the Reconsideration Period to re-apply for coverage will have a gap in coverage.

Processors do not have to be aware of the reconsideration rules as the HIX/Tier-1 system will make the determination.

Coverage End Dates

If a consumer’s coverage is renewed, the consumer will receive a full twelve months of coverage from his/her coverage start date, with the coverage end date set appropriately by the shared HIX/Tier-1 system. For example, if a consumer’s renewed coverage begins on 5/1/2016, his/her coverage end date will be set to 4/30/2017.

The Work Item

There are three different work items associated with Single Streamlined Applications:

- 1) Paper Applications
- 2) Paper Renewals
- 3) Missing Information Notices

The majority of processing for these three work items will follow the same procedures as laid out in the *Paper Application Data Entry P&P Guide*. There are minor differences for renewals that will be explained in this document.

Application Processors working in the paper renewal applications queue will receive an AH3-R renewal application via work items sent to their shared HIX/Tier-1 system inbox. Each application is identified by an assigned document ID, and stamped with a document received

date located, under the document details section of its work item. The Application Processor will perform a system application search with the consumer's Person ID. Once the renewing account for the consumer is located, the household's information is compared to the data in the system and updated according to the directives outlined in this guide.

After the Application Processor has updated all of the consumers' application data in the shared HIX/Tier-1 system, or has reached a point where he/she needs further assistance, a work item action must be selected in order to close the item window. The paper renewal application work item actions include:

- **Send To DSS** – This action is not used in the paper renewal application queue.
- **On Hold** – This action will close the work item, but keep it in the Application Processor's inbox for further review. Items are to be placed on hold when Application Processors are pending directives from leadership/training staff, but is still expected for the processor to complete upon receiving directives.
- **Escalate** – This action will close the work item, remove it from the Application Processor's inbox and send it to the desired party. When the action is selected, a dropdown menu will populate with leadership/training staff names. Application Processors are only to escalate items to staff when specific directives apply and the party that receives the escalation is expected to complete the work item.
- **Complete** – This action will close the work item and remove it from the Application Processor's inbox. Application Processors are to select this action when the renewal application was successfully submitted and yielded an eligibility determination.

A renewal work item may also include manual verification documents that were scanned in as part of the intake process. Application Processors are to enter all information provided on the paper application in the shared HIX/Tier-1 system before using data from verification documents. In the interest of determining eligibility, if critical missing application information is retrievable via the attached verification documents, it should be entered into the shared HIX/Tier-1 system. After application submission, verification documents that happened to be attached to the Paper Application should be used to manage any outstanding Verification Checklist (VCL) items, according to directives in the *Tier 1 Manual Verifications: Process and Procedure Guide*.

Process Details

Please refer to the Application P&P guide for guidance related to entering the data into the shared HIX/Tier-1 system. In general, Application Processors are instructed to default to the data previously provided on the last submitted application.

A copy of the AH3-R renewal application is available in [Appendix A](#) and the format very closely follows the AH3 form.

AH3-R Data Entry Process

If the renewal application includes a consumer with APTC/QHP coverage, Application Processors will be presented with a Renewal/Change Decision screen. When prompted, Application Processors will select **Option 1: Renew Coverage for next year and report changes to current coverage if necessary** and Click **Next**. At this point, or if the renewing account includes a fully Medicaid/CHIP household, the Application Information screen will appear. Application Processors will update this screen accordingly:

- a. Application Filing Date: Use work item document received date
- b. Document ID: Use document number from work item
- c. Channel: Select **Paper**
- d. Applying for Subsidy: **Yes**
- e. Click **Save**

Clarifications of household composition and consumer information for applicants already in the system are found in sections three and four of the paper renewal application. Any information or updates listed under each of these sections must be updated in the shared HIX/Tier-1 system. Consumers in section four are in the shared HIX/Tier-1 system, but they are not requesting coverage. If these consumers would like to apply for coverage, they will need to fill out Attachment A of the paper renewal application. Application processors should follow the Applications P&P Guide for instructions on how to add more applicants to the household.

The remaining areas of the paper renewal application that deviate from standard paper application directives are presented in the following sections.

Accounts Already Renewed

Application Processors may assess the signature date on the application in order to determine if more recent action has been taken on the account. If the household's coverage has been renewed, and the last shared HIX/Tier-1 system action occurred after the signature date (or work item Document Received date, if signature date is missing), Application Processors are not required to update the shared HIX/Tier-1 system with the application data. The work item should be completed and the Case Comment on the account should state, "Consumer already renewed, with data more recent than application received; no action taken."

Retro-Medicaid

The paper renewal application asks if new consumer(s) would like to apply for Retro-Medicaid. However, the system does not have the option to apply for Retro-Medicaid during a renewal. Application Processors are to disregard any requests for Retro-Medicaid coverage.

Yearly Renewal Consent

If this question is not answered on the paper renewal application, Application Processors may subtract one year from the response displayed in the shared HIX/Tier-1 system. If the system does not have a response either, Application Processors may default this response to **0 years (Don't use information from tax returns to renew my coverage)**.

Outbound Phone Call

Application processors are to follow the outbound phone call procedures outlined by the *Paper Application Data Entry P&P Guide*.

Generating Missing Information Notices (MINs)

Application processors are to follow the MIN procedures outlined by the Paper Applications P&P.

Enrollment

Application processors are to follow the enrollment procedures outlined by the *Paper Application Data Entry P&P Guide*.

Case Comments

Case Comments are essential for successful processing across multiple vendors. They provide information that will assist future workers understand prior actions and detail account history. Under the account homepage, the notes section is accessible by clicking the **Manage Case Comments** Quick Link. From this page, Application Processors will click **Add Case Comment**, which will yield a popup text box for entering required notes. Case Comments are not required for all assigned renewal paper applications. **Case Comments are required by Processors in the following scenarios:**

- **Outbound call performed**
- **Missing Information prevented worker from submitting application**
- **Any processing action taken deviates from standard directives**

When required, Renewal Case Comments must include the following criteria:

1. Application Processor's shared HIX/Tier-1 system username
2. Denote vendor name
3. Specify Processing Queue: Renewal Processed or Renewal Received.
4. If an outbound call was performed, document any clarifications or changes received from the consumer.
5. If a Missing Information Notice (MIN) is sent for missing pages, document the information that was requested. If there is missing information that did not result from missing pages, an MIN will not be generated, but case comments must indicate the missing information from the renewal application.

After Case Comments are complete, Application Processors will click **Add Comment** in order to save notes in the shared HIX/Tier-1 system.

Closing the Work Item

After Application Processors have assessed all documents included in their work item and have made all necessary updates in the shared HIX/Tier-1 system, the correct action must be

selected in order to close the work item window. For work item actions and their corresponding use, refer to [The Work Item](#) section.

Multiple Initial Applications (MIAs)

Prior to the March 2016 release of the shared HIX/Tier-1 system, consumers were able to apply multiple times by creating more than one Initial Application. Each Initial Application creates a separate string of App IDs (the initial one and then any subsequent changes) and eligibility determinations for the consumer.

With the current release of the shared HIX/Tier-1 system, consumers and processors will receive an MIA hard stop when attempting to submit an application for a consumer that is already requesting coverage on a separate application string. Application Processors will need to resolve the MIAs, by identifying the appropriate application string and dis-enrolling the consumer(s) from the other application strings in the system. Consumers with active QHP/APTC coverage on multiple application strings should place the work item On Hold and alert their supervisor for further instructions.

Typically the AHCT Issue Resolution Department (IRD) must be contacted to ensure the correct coverage remains intact. In the paper renewal application queue, Application Processors will select the renewing application string and dis-enroll the remaining strings. This application will have the Report a Change/Renew Coverage link. Keep in mind, consumers may have already renewed their coverage or may have sent their paper renewal application early. The Report a Change/Renew Coverage link will not be visible if either of these scenarios applies. Application Processors will navigate to the Manage Active Enrollment Quick Link to determine if the household has been renewed for another year of coverage or if their coverage end date is soon, but more than sixty days out (e.g., renewal application sent early). No action is required by the Application Processor in either scenario. They may complete the work item and leave a Case Comment stating "household has been renewed" or "household is not yet up for renewal."

Appendix A – Example Paper Renewal Form (AH3-R)



AH3-R Renewal
Form - B&W Templa

